

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011199

FILED  
Aug 01, 2006  
Secretary of State

**Entity Name:** BROOKSVILLE BUFFALO SOLDIERS, INC.

**Current Principal Place of Business:**

810 PEACH STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 596  
BROOKSVILLE, FL 34605

**New Mailing Address:**

6216 LAYTON AVE.  
SPRING HILL, FL 34605

**FEI Number:** 43-2070335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOORE, WALTER  
PO BOX 1286  
BROOKSVILLE, FL 34605      US

**Name and Address of New Registered Agent:**

MOORE, WALTER  
PO BOX 1286  
BROOKSVILLE, FL 34608      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

08/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BROWN, MICHAEL  
Address: 6216 LAYTON AVE.  
City-St-Zip: SPRING HILL, FL 34608

Title: S      ( ) Delete  
Name: GARDNER, CHRISTINE  
Address: 460 HALE AVE APT. 3  
City-St-Zip: BROOKSVILLE, FL 34608

Title: V      ( ) Delete  
Name: ELLISON, BRADDIE  
Address: 252 A STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T      ( ) Delete  
Name: VEALS, ANTHONY  
Address: 810 PEACH STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D      ( ) Delete  
Name: ROBERTS, ROGER  
Address: 27167 FERNERY AVE  
City-St-Zip: BROOKSVILLE, FL 34602

Title: D      ( ) Delete  
Name: WOODS, ROBERT  
Address: 2299 WHITMAN RD.  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROWN, MICHAEL

P

08/01/2006

Electronic Signature of Signing Officer or Director

Date